

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42326  
11018

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1008		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital #1				d. STREET ADDRESS (If rural, give location) 3512 S. Broadway			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Mary		b. (Middle) Harkins		c. (Last) Haney	
4. DATE OF DEATH 12-21-1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 10-15-1880		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) New York	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Harkins		13b. MOTHER'S MAIDEN NAME Mary McIlhenny		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William J. Haney 3512 S. Broadway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory unsated</u> DUE TO (c) <u>Myocarditis, chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		4222			
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 10:55 P. M., from the causes and on the date stated above.							
23a. SIGNATURE _____ (Type or Print)		23b. ADDRESS _____		23c. DATE SIGNED 12/26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-28-1950		24c. NAME OF CEMETERY OR CREMATORY Salem N.J.		24d. LOCATION (City, town, or county) Salem N.J. (State) N.J.	
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____ 6409 Gravois Ave			

(Licensed Embalmers' Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 25 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Van M. Simon*

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.